Attorney's Docket No.	PATENT
COMBINED DECLARATION AND PO	OWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT CONTINUATION OR	

As a below named inventor, I hereby declare that:

☐ continuation-in-part (C-I-P).

### **INVENTORSHIP IDENTIFICATION**

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

### TITLE OF INVENTION

USER	INTERFACE		
		 	 ,

(Declaration and Power of Attorney [1-1]-page 1 of 6)

SPECIFICATION IDENTIFICATION
the specification of which:
(complete (a), (b) or (c))
(a) 🖄 is attached hereto.
(b) was filed on, as Serial No. 0 /
or Express Mail No., as Serial No. not yet known and was amended on (if applicable).
NOTE: Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involve are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. Se 37 CFR 1.67.
(c) was described and claimed in PCT International Application No
amended under PCT Article 19 on (if any).
ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.
I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,
(also check the following items, if desired)
and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would conside it important in deciding whether to allow the application to issue as a patent and
in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.
PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))
I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)—(cof any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

(complete (d) or (e))

- (d) no such applications have been filed.
- (e) ☑ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

## PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
Finland	964399	31 October 1996	XXYES NO 🗆
			☐ YES NO ☐
			☐ YES NO ☐
			☐ YES NO ☐
			☐ YES NO ☐

# CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

	CLAIM FOR BENEFIT OF EARLIER US/PCT APPL	ICATION(S)
	./	
	. /	
	./	
PROVIS	SIONAL APPLICATION NUMBER	FILING DATE

**UNDER 35 U.S.C. 120** 

PROVISIONAL APPLICATION NUMBER

☐ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN PART (C-I-P) APPLICATION.

(Declaration and Power of Attorney [1-1]-page 3 of 6)

	(S), IF ANY, FILED MORE THAN 12 MONTHS GN) PRIOR TO THIS U.S. APPLICATION		
the basis for this application ente divisional, or continuation-in-part	2 months from the filing date of this application is a PCT filing forming ring the United States as (1) the national stage, or (2) a continuation, then also complete ADDED PAGES TO COMBINED DECLARATION R DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit ion(s) under 35 U.S.C. § 120.		
РО	WER OF ATTORNEY		
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
(list nar	ne and registration number)		
Clarence A. Green (24,622) Harry F. Smith (32,493) Mark F Harrington (31,686)			
(check the	e following item, if applicable)		
	declaration and power of attorney, is the authorization torney(s) to accept and follow instructions from my		
SEND CORRESPONDENCE TO	DIRECT TELEPHONE CALLS TO: (Name and telephone number)		
Clarence A. Green Perman & Green 425 Post Road	Clarence A. Green 203-259-1800		

#### **DECLARATION**

Fairfield, Ct 06430

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

# SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first in Seppo	ventor ( <i>KALERU6</i> ) Kalery	vo Kivelä
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature	ne Kinela	Finland
Residence Rinteentie		
Post Office Address Rinte	entie 41, FIN-24240 Sa	alo, Finland
Eull name of paged joint in		
Full name of second joint in Erkki	iventor, it any	Cavilamai
(GIVEN NAME)	(MIDDLEANITIAL ORXIAME)	Savilampi FAMILY (OR LAST NAME)
· · · //	I I I I I I I I I I I I I I I I I I I	TABLE (ON EAST TOURS)
Inventor's signature		
Date September 26. 199		
Residence Nuolialanti	e 35 as 2, FIN-33900	lampere, Finland
Post Office Address Nuo1	ialantie 35 as 2, FIN-C	33900 Tampere, Finland
		/
Full name of third joint inve	· •	1
Ciaron GIVEN NAME)	(DANICL) Danie	
· · · · /	•	FAMILY (OR LAST NAME)
Inventor's signature		
Date September 26, 1997		
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Post Office Address Kakso	smäki 1 D 2, FIN-02400	Kirkkonummi, Finland

(Declaration and Power of Attorney [1-1]-page 5 of 6)

(check proper box(es)	for any of the	following added	page(s)
that form	a part of this	declaration)	

凶	Signature for fourth and subsequent joint inventors. Number of pages added
	• • •
	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
	Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)
	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.  □ Number of pages added
	Authorization of attorney(s) to accept and follow instructions from representative.
	• • •
t/	(if no further pages form a part of this Declaration, then end this Declaration with this page and check the following item)  This declaration ends with this page.

(Declaration and Power of Attorney [1-1]-page 6 of 6)

# SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.
Full name of fourth joint inventor, if any
Pekka Heinonen
GIVEN NAME (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature / c/la
Date September 26, 1997 Country of Citizenship Finland
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Post Office Address Hakakuja 2 B 28, FIN-02100 Espoo, Finland
Full name of fifth joint inventor, if any
Harri Okkonen
GIVEN NAME (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature
Date September 26, 1997 Country of Citizenship Finland
Residence Salonkitie 5 As 3, FIN-02940 Espoo, Finland
Post Office Address Salonkitie 5 As 3, FIN-02940 Espoo, Finland
Full name of sixth joint inventor, if any  Heikki Rautila
GIVEN NAME (MIDDLE INITIAL OR NAME), FAMILY (OR LAST NAME)
Inventor's signature
Date September 26, 1997 Country of Citizenship Finland
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